NORTH CENTRAL HEALTH CARE FACILITY

1100 LAKE VIEW DRIVE

WAUSAU	54403	Phone: (715) 848-460	C	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	caffed (12/31/03):	320	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	320	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	L/03:	308	Average Daily Census:	305

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	용 	. 5	ે ૄ		16.9 38.3
Supp. Home Care-Household Services	No	Developmental Disabilities	4.9	•	12.0		30.8
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	18.5 6.2	•	13.6 31.5	•	86.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.6			Nursing Staff per 100 Res	ldents
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	8.8	65 & Over	88.0		
Transportation	No	Cerebrovascular	3.2			RNs	16.0
Referral Service	No	Diabetes	5.2	Gender	용	LPNs	2.9
Other Services	No	Respiratory	1.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	48.7	Male	36.0	Aides, & Orderlies	50.7
Mentally Ill	No	1		Female	64.0		
Provide Day Programming for		[100.0				
Developmentally Disabled	Yes	1			100.0		
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Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Other				Private Pay			Family Care		Managed Care		l 					
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	0.8	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	0.6
Skilled Care	22	100.0	293	227	94.6	121	0	0.0	0	46	100.0	169	0	0.0	0	0	0.0	0	295	95.8
Intermediate				4	1.7	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	1.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				7	2.9	176	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	2.3
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		240	100.0		0	0.0		46	100.0		0	0.0		0	0.0		308	100.0

NORTH CENTRAL HEALTH CARE FACILITY

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services	, and Activities as of 12	/31/03
Deaths During Reporting Period							
				9	% Needing		Total
Percent Admissions from:		Activities of	용	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	4.5		44.8	50.6	308
Other Nursing Homes	0.0	Dressing	12.3		61.4	26.3	308
Acute Care Hospitals	91.1	Transferring	27.9		45.1	26.9	308
Psych. HospMR/DD Facilities	2.7	Toilet Use	19.5		44.8	35.7	308
Rehabilitation Hospitals	0.0	Eating	54.9		27.9	17.2	308
Other Locations	1.6	******	******	****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	258	Continence		용	Special Trea	tments	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.9	Receiving 1	Respiratory Care	4.2
Private Home/No Home Health	36.7	Occ/Freq. Incontiner	nt of Bladder	61.0	Receiving '	Tracheostomy Care	0.3
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	38.6	Receiving :	Suctioning	0.0
Other Nursing Homes	3.5				Receiving (Ostomy Care	2.3
Acute Care Hospitals	15.4	Mobility			Receiving '	Tube Feeding	1.9
Psych. HospMR/DD Facilities	1.5	Physically Restraine	ed	1.9	Receiving I	Mechanically Altered Diet	s 39.0
Rehabilitation Hospitals	0.0						
Other Locations	13.1	Skin Care			Other Reside	nt Characteristics	
Deaths	29.7	With Pressure Sores		1.9	Have Advan	ce Directives	83.4
Total Number of Discharges		With Rashes		7.5	Medications		
(Including Deaths)	259				Receiving 1	Psychoactive Drugs	59.1

	This Other Hospital-		i	All	
	Facility	Based F	Based Facilities		ilties
	9	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.1	90.1	1.03	87.4	1.06
Current Residents from In-County	97.7	83.8	1.17	76.7	1.27
Admissions from In-County, Still Residing	36.4	14.2	2.57	19.6	1.85
Admissions/Average Daily Census	84.6	229.5	0.37	141.3	0.60
Discharges/Average Daily Census	84.9	229.2	0.37	142.5	0.60
Discharges To Private Residence/Average Daily Census	31.1	124.8	0.25	61.6	0.51
Residents Receiving Skilled Care	96.4	92.5	1.04	88.1	1.09
Residents Aged 65 and Older	88.0	91.8	0.96	87.8	1.00
Title 19 (Medicaid) Funded Residents	77.9	64.4	1.21	65.9	1.18
Private Pay Funded Residents	14.9	22.4	0.67	21.0	0.71
Developmentally Disabled Residents	4.9	1.2	4.10	6.5	0.75
Mentally Ill Residents	24.7	32.9	0.75	33.6	0.73
General Medical Service Residents	48.7	22.9	2.12	20.6	2.37
Impaired ADL (Mean)*	53.8	48.6	1.11	49.4	1.09
Psychological Problems	59.1	55.4	1.07	57.4	1.03
Nursing Care Required (Mean) *	7.1	7.0	1.02	7.3	0.97